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A School Health Council in Action

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In general, the school health council is an administrative device that functions internally. The obvious purpose of a health council is that of examining health problems within the school and developing plans for their solution. In doing this, the council creates interest and encourages activities that best serve a particular school. As conditions change, so also does the health council adjust its program. The council carries the immediate responsibility for promoting interest in health and for planning how to meet new problems as they occur.

It is the interrelationship between the health council and administration that helps produce results. The results which successful health councils have achieved have given them much prestige in the school program.

The scope of the school health council varies with different conditions, for example, leadership of the council (medical or academic); representation and size of the council; council's interpretation of health needs and their solution; type and size of school or school system.

Vallejo School Health Council

An example of a school health council that is studying and dealing with health problems in a democratic and practical way is that of the Vallejo City Elementary Schools.

It has met regularly once a month since its inception three years ago. Its personnel, which has a wide representation within the school system, includes the

school physician, as chairman, the director of elementary education, the supervising school nurse, and one representative (either a principal or teacher) from each of the 14 elementary schools. A committee representing the secondary schools also meets monthly, both groups working closely together whenever the need arises.

The Elementary School Health Council is concerned with the health program from nursery school level through the sixth grade. Its functions, therefore, are many and varied. As set up by the group they are to:

1. Study health needs of the Vallejo elementary schools in the light of the most modern thinking;
2. Advise the director of school health regarding the conclusions of the committee, with recommendations on the implementation of these conclusions;
3. Carry back to the administrators and faculty of their own schools and findings and recommendations of this council;
4. Assist in every way possible the growth of health interest and health consciousness, in its broadest sense, within their individual schools;
5. Assist the director of school health in formulating recommendations for the ensuing academic year, these recommendations to be incorporated in the annual report to the Board of Education.

The democratic procedure and way of working of this health council have been very effective. Not only were health problems brought from the individual schools for consideration, but the school system as a whole benefited from the findings and study done by the group under the very able guidance of the school

* Acting Director of Elementary Education, 1946-47, when nutrition project was conducted.

physician. Some of the subjects and activities carried on during the last school year included:

1. Study of health legislation.
2. In-service education for teachers.
3. Health recommendations for teachers; e.g., recommendations that all school personnel have chest X-rays each year. (Made possible by the Tuberculosis Association.)
4. Adaptation of school schedules to meet the needs and capacities of children.
5. Study and revision of pupils' health records.
6. Consideration by teachers of the effect of heat, light and voice.
7. Study of methods of "screening" children who have deviations from the normal.
8. Consideration of school lunches and food sold to children outside of school.
9. Discussions of use and value of rat feeding projects in teaching nutrition in the classroom.
10. Coordination with other agencies and organizations such as the parent-teacher association, tuberculosis association, county health department, and the State Department of Public Health.

Nutrition Classes

An illustration of the Vallejo School Health Council's action in cooperating with an outside agency is an eight-hour series of classes presented by a nutrition consultant from the State Department of Public Health.

Early in 1947, requests from teachers and principals for a series of classes, related to health, and particularly nutrition, were directed to the health council. These requests were discussed at a general meeting of the council and a series of classes in nutrition was proposed.

The health council's representative in each elementary school made inquiry of the teaching staffs, concerning their interest in the nutrition class. Teachers who were interested were asked to sign for the classes, which would meet weekly for eight weeks from 4-5 p.m. One-hour credit toward salary promotion for eight hours of classes was allowed. Approximately 120 teachers, principals and school nurses enrolled in the class. A total of 110, of which 98 had perfect attendance, received credit.

The following outline of the course was posted in each elementary school:

Outline of Nutrition Course

- I. Objectives.
 - a. To assist teachers in acquiring a practical background in basic nutrition.
 - b. To assist teachers in becoming more aware of the significance of good nutrition, and more helpful to all children, especially the poorly nourished ones.
 - c. To aid teachers in teaching nutrition.
- II. Method—Discussion with group participation.
- III. Content of course.
 - a. Present status of nutrition and trends in food habits.

- b. Analysis of food and nutrition problems.
- c. Dietary evaluation.
- d. Importance of good nutrition; meaning of and possible consequences of malnutrition.
- e. Fundamentals of nutrition; emphasis on recent developments.
 1. Food sources of energy; significance at all ages.
 2. Food sources of vitamins, minerals and protein; their significance.
 3. Less expensive selection of foods.
- f. Child feeding through the period of adolescence.
 1. Lunch away from home.
 2. Significance of three adequate meals daily.
- g. Teaching nutrition in the class room.
 1. Presentation and discussion of available materials.
 2. Discussion of projects and activities for integrating nutrition into the teaching program.

Every effort was put forth to make the course practical, without over-simplification, since this was a group of teachers, principals and nurses. To give the group an orientation, and to point up the need for more extensive nutrition teaching, reports of recent studies of food consumption and the results of physical examinations of large numbers of people were presented. Trends in food habits and some of the reasons for poor food practices were discussed. Prior to the presentation of information on nutrition, each member of the class evaluated all foods consumed by him for one day. *Checking Food Values of the Daily Diet* published by the Agricultural Extension Service of California, was used for the dietary evaluation. A considerable amount of interest was developed through this activity which helped to make nutrition a very personal matter since many members of the class could see that less than recommended amounts of nutrients were used in their own food practices. This evaluation seemed to be a good preface for the work on fundamentals of nutrition, judging from the amount of interest in sources and functions of the nutrients. The benefits of optimal nutrition and the possible results of malnutrition were also of considerable interest to the group.

The sequence of the presentations led quite logically to a discussion of available nutrition materials and activities for use in the classroom.

A bibliography of books on nutrition, leaflets, free periodical publications including nutrition education material from commercial companies, was provided to each member of the class.

Classroom Projects

Many kinds of classroom projects and their use were discussed with the group. Many suggestions for teaching nutrition were immediately put into practice.

Eighteen rat feeding projects were carried on in various elementary schools. Children gave excellent explanations and demonstrations on what they had learned from these activities. For example, in one 4th grade classroom, the children showed how one could feel the muscle "strength" in the rat in handling and squeezing it. The children explained that when the rats

were squeezed the poorly fed one "stretched out long" while the well fed one did not. When interrogated as to the reasons for the difference in firmness of muscles, one little boy explained, "It's mainly the difference in the amounts of protein foods, such as meat, milk, eggs and beans, eaten by the two rats."

Foods that make good breakfasts were discussed in classrooms. In these discussions there were many reports of improvement in kinds and amounts of food eaten by the children and by parents and other members of the family. Teachers reported an improvement in classroom behavior as evidenced by greater alertness, less irritability and less drowsiness.

Improvement in lunches brought from home resulted from class discussions of the noon meal. Many children exhibited with great pride such items as cheese sandwiches made with whole grain bread, raw carrot sticks, a bottle of milk and other nourishing foods.

Grocery store projects were also used to help motivate children toward better food practices.

On the day of the last class refreshments were served by the committee in charge of arrangements. The food was entirely in line with the nutrition teaching of the class, to give prestige to nourishing foods by serving them for special occasions. The menu consisted of tomato juice, whole grain wafers, whole wheat bread and pumpnickel sandwiches, cottage cheese garnished with parsley, peanut butter, grated carrots, cheddar cheese, green pepper rings, celery strips, and orange wedges.

As subsequent events showed, this menu did give prestige to nourishing foods and there was a "carry over" not only to teachers but to parents and children. Subsequently the same kinds of foods were served at school parties to which parents were invited. The children were delighted and several P.-T.A. organization and clubs to which teachers belonged adopted this kind of menu for refreshments at their meetings.

There are tentative plans for follow up work for the nutrition consultant in small group meetings and individual conferences.

Summary

A school health council which has administrative support and is composed of representative members of the teaching, medical and nursing staffs is an effective instrument for improvement of the health of teachers and students.

In Vallejo, the Elementary School Health Council, during the three years it has functioned, has successfully attacked a number of pressing school health problems.

A nutrition project, sponsored by the council, is discussed as an example of the type of work which can

be undertaken by such a group with the assistance of a resourceful person from another agency.

The nutrition project resulted in improvement in the health habits of teachers, nurses, pupils and their families; its effect also was felt among some community groups.

(The nutritionist wishes to express her appreciation to Dr. Lela J. Beebe, school physician and chairman of the Health Council; Miss Cora Enlow, chairman of the Committee on Arrangements; Mrs. Mina MacKnight, supervisor of school nurses; and to the members of the class for this opportunity of working together in the interest of better nutrition for children.)

Positions for Public Health Analysts

In addition to vacancies on the statistical staff of the State Department of Public Health, many local health departments now have openings for qualified public health analysts. Individuals who are interested in local positions should contact the Bureau of Records and Statistics, State Department of Public Health, 760 Market Street, San Francisco.

An examination for the positions of *Junior and Senior Public Health Analyst* on the State staff will be held February 19, 1948. Last date to file for these examinations is January 29. Further information and applications forms for the examination may be obtained from State Personnel Board offices in Sacramento, San Francisco, and Los Angeles.

Engineer Examination

Candidates for the State Civil Service position of *Associate Industrial Hygiene Engineer* must file their applications by January 8, 1948. The examination will be held January 29th.

Educational qualifications and experience for the position, which has a salary range of \$325-\$395, are graduation from college with major work in engineering and two years of experience in general engineering work, at least one year of which shall have been in public health engineering.

Application forms and further information are available at State Personnel Board offices in Sacramento, Los Angeles, and San Francisco.

Animal Food Processing

The second regulation which will be considered by the board concerns changes in the Administrative Code which would permit the use of either fixed magnets or electro magnets for the removal of metallic particles from animal food previous to canning.

It is not the disease, but the neglect of the remedy which generally destroys life.—*Latin proverb*

Notice of State Board of Health Public Hearings

The California State Board of Public Health will hold public hearings to consider amendments to regulations concerning (1) qualifications of sanitarians and (2) animal food processing at a meeting to be held at 10 a.m., January 23, in the State Building, Los Angeles.

Sanitarian's Qualification

The revision to the California Administrative Code which has been proposed is designed to include for the examination as registered sanitarians applicants who are employed prior to July 1, 1948, but who have not completed their year of training or special course in sanitation at that time, and to provide for the employment during the next two years of veterans who have experience and training equivalent to the present requirements. The proposed revision further broadens the existing standards by permitting the substitution of additional education for both the experience and special sanitation course requirements.

The standards now in force permit applicants to be examined for registration if they are high school graduates, have had one year of experience, and have taken an accredited sanitarian's course. More stringent requirements including two years of college training become effective July 1, 1948.

The new provisions have been recommended by the Advisory Committee on Sanitarians' Standards.

Milton P. Duffy Called to Japan

Milton P. Duffy, Chief of the Bureau of Food and Drugs, has been granted a leave of absence by the State Department of Public Health to accept an appointment as Expert-Consultant on the staff of General Douglas MacArthur in Japan.

His assignment is expected to involve considerations of public health problems relating to the fishing, canning, and food processing industry of Japan. In his 33 years of service in the State Department of Public Health, Mr. Duffy has earned national recognition in this field.

Joint Sanatorium for Four Counties

The four counties of Shasta, Siskiyou, Trinity and Lassen have approved plans for a joint tuberculosis sanatorium. Construction will be started during 1948 in Shasta County.

Since 1938 the National Foundation for Infantile Paralysis has spent and allocated almost \$5,000,000 for virus research alone.

Cholera Epidemic in Egypt—An Eyewitness Report

News of cholera epidemics on the front pages of California newspapers makes a strange sight in 1947, even if the reports are of happenings in far-off Egypt.

Cholera has not been a serious problem in this State since the "Gold Rush" days. In 1850 one out of every 17 persons in Sacramento's population of 6,000 were reported to have become victims of the disease in the short space of 28 days.

So far as is known, 1892 marks the last year in which the disease was reported in this country, although it has been repeatedly brought to U. S. ports.

The history of cholera, which has been traced to ancient times, is closely related to the development of public health and the origin of quarantine. Being a disease which is mainly transmitted by means of water and food, it is also one of the first to decline when modern procedures of sanitary engineering and community sanitation are applied.

The present epidemic in Egypt is a typical, if negative, example of this fact. In the period from September 3d-October 24th, already 11,495 cases of cholera with 5,213 deaths had been officially reported from that country. A great many other cases are undoubtedly going undiagnosed and unreported.

How the epidemic there is related to sanitary and socio-economic conditions is graphically described in the following excerpt from a letter received by a member of the State Department of Public Health from a relative in the Egyptian offices of the U. S. Foreign Service:

"The cholera cases are among the natives and are mostly concentrated in the delta area, between Alexandria and Cairo where the natural native filth is at its worst.

"Cholera vaccine is being brought in from all over the world and they are doing the best they can to inoculate everyone, but that is a difficult job. The natives are naturally deathly afraid of doctors; the police and soldiers try to avoid inoculations if at all possible. Some are afraid that the inoculations will give them cholera and that they will get sick and die. Many who become sick with cholera are afraid to report it to the authorities and some of them walk around the streets in the native villages until they drop dead. Others hide dead bodies in their homes for days, afraid to report the death for fear their whole family will be put in a hospital or arrested."

Adequate medical care in the case of infantile paralysis, reports the National Foundation for Infantile Paralysis, is beyond the financial resources of nine out of every 10 American families.

Recommendations of A. M. A. Conference on School Health

The American Medical Association sponsored Conference on Cooperation of the Physicians in the School Health and Physical Education Program held in Highland Park, Illinois, last October made the following recommendations which will be of interest to all persons concerned with school health.*

1. In order that a school health program may be kept continuously in proper relationship with public health services, welfare services, medical and dental services and all the health resources of the community it is essential that some form of community health council, bringing together representatives of all local groups with definite health responsibilities, be formed.

2. Wherever there is a school, the local community should budget for a school health program in the department of education, in the department of health or in both. In that budget there should be adequate provision for the salary of a well qualified medical adviser serving the school full time or part time as the need requires.

3. Every school system should have an advisory school health council, every school a health committee, every local medical society a school health committee. In some instances such committees or council can best be developed within the framework of an already existing plan of organization.

4. The physician's time in the school can be best utilized (a) if he is employed as school medical adviser rather than school medical inspector; (b) if the routine medical examinations, whether done by the family physician or the school physician, are spaced at three year intervals during the school life of the child; (c) if pupils in need of special examination and advice are carefully selected by the teacher and made the subject of a physician-teacher conference, and (d) if considerable portions of the routine examinations are delegated to teachers and nurses, reserving for the physician only those portions which he alone is equipped to do.

5. Since immunization is necessary for protection particularly in the infancy and preschool period, the schools should definitely discourage the practice of postponing inoculation to the period of school entrance.

6. It is essential that teachers be aware of the physical handicaps of their pupils. Results of medical examinations of her pupils should therefore be interpreted to

the teacher in the physician-teacher conference, making certain that the teacher thoroughly appreciates the importance of safeguarding all matters of a confidential nature.

7. Instruction as to the need and value of voluntary planning for medical, dental and hospital expenses through prepaid programs should be stressed in the high school curriculum.

8. Cumulative health records should be a part of the child's total school record throughout his school life.

9. In determining the content of the physical education program the physical education teacher, the physician and the pupils should all play an appropriate part.

10. Physicians and physical education teachers in the various communities should arrange joint meetings for the discussion of such problems as the individual-adapted physical education program and the classification of pupils for physical education activities.

11. In those communities where graded types of physical education activities adapted to the varying needs of pupils are available in the school, permanent and blanket excuses from physical education should rarely if ever be given.

12. All school health service personnel should have experience in field work as a part of their preservice training.

13. Medical schools should give additional training to medical students in regard to (a) the relation of the physician to the school and the community; (b) the physiology of exercise and the function of physical education in the life of the child; (c) the pediatric examination as the model for school examinations, and (d) how the school physician may function as a medical adviser rather than a mere medical inspector.

14. Schools of public health should give increased emphasis in their training of health educators, physicians and nurses to (a) school health, (b) the basic philosophy of general education, and (c) school organization and administration.

15. In every community there should be planning and inservice training conferences, institutes and workshops involving teachers, physicians, nurses, dentists, dental hygienists and others interested in the community health program to work out problems related to that community.

* Journal of the American Medical Association, November 22, 1947, p. 778.

16. There is urgent need for research into many phases of school health service and particular need for evaluation of procedures not only in terms of defects found and remedied but also in terms of educational outcomes in the child, increased understanding of the child by the teacher and increased provision of special programs of education for the exceptional child.

17. A joint committee composed of representatives named by the American Medical Association and the American Association for Health, Physical Education and Recreation (perhaps as a subcommittee of the Joint Committee on Health Problems in Education of the National Education Association and American Medical Association) should be appointed to draw up recommendations regarding (a) the administration of the individual-adapted program of physical education, (b) the medical examination and guidance of athletes.

18. Authoritative committees already functioning should be asked or new committees should be formed to study (a) posture, (b) the effects of vigorous physical activities on the cardiovascular system, (c) psychologic attitudes of participants toward physical education activities and (d) energy expenditure in the various types of physical activities.

19. State medical societies and associations should be urged to plan jointly with their health department, education department and education association for the development of conferences at the state level which are comparable to this conference at the national level. It is suggested that the needs of rural schools should receive special consideration.

NOTE: The full report of the conference is in the process of printing and will be available shortly at a nominal charge from the Order Department of the American Medical Association.

Series of Cancer Symposia for Physicians Inaugurated

Seeking to bring up-to-date knowledge about cancer to physicians, the Cancer Commission of the California Medical Association, the Chronic Disease Service of the State Department of Public Health and the American Cancer Society California Division are now sponsoring a series of cancer symposia or "cancer teaching days."

Programs presented are designed to meet the stated needs of local medical societies which request them.

The first such session was held in Bakersfield during October and a second meeting in Madera during November.

Specific requests for cancer symposia in January have been received from medical societies in Yolo and Sonoma Counties. Health officers will wish to bring to the attention of their county medical societies the availability of these programs.

Close Cooperation in State Vocational Rehabilitation Program

Dr. Herbert Notkin, medical officer with this department, was recently assigned full time to the Bureau of Vocational Rehabilitation, State Department of Education, to assist in the activities of that agency.

Already serving part time in the vocational rehabilitation program are four medical officers of the State Department of Public Health.

The chief medical officer and his part time assistants are administratively responsible to the Department of Public Health through the Bureau of Adult Health while they are functionally concerned with the program of vocational rehabilitation.

These close relationships between the two departments in this program are further strengthened by the fact that each bureau—Adult Health and Vocational Rehabilitation—utilizes the facilities and information offered by the other for the furtherance of their respective programs.

L. A. County Employees Honored

The Los Angeles County Health Department has reestablished its prewar custom of evening gatherings for department members.

The meetings are sponsored by Health Associates, an employee organization.

Highlighting the first meeting held this fall was the presentation of diamond-studded gold pins to three staff members for 25 years of service to the county health department. The "veterans" are: Dr. Raymond V. Stone, Director of Laboratory; Albert E. Sheets, Senior Sanitarian; Eugene J. Bumiller, Chief, Section of Housing and Sanitation.

Two State Mobile X-ray Units in Operation

With the arrival of a new X-ray truck during January, two mobile X-ray units of the State Department of Public Health will be in operation throughout the State.

Unit number one will be assigned to Northern California and the second will serve the southern area.

The State's mobile X-ray equipment has been used throughout the State during the past year in such activities as special casefinding projects during the State Fair in Sacramento; the regular chest X-raying of residents of state institutions operated by the Youth Authority and Departments of Mental Hygiene and Corrections.

California Prenatal Blood Test Law Evaluated

California's prenatal law, which requires that all expectant mothers receive blood tests, has now been in effect for slightly more than eight years. Since the primary purpose of prenatal laws is the protection of unborn children from syphilis, a legitimate question to be asked at this time is "What effect has this law had on the congenital syphilis rate among children?"

While it is still too early to give a conclusive answer to this question, a recent paper by two members of the department staff appearing in the *American Journal of Syphilis, Gonorrhea and Venereal Disease* gives definite indications that the law is proving successful in the accomplishment of its original objective.

For the period from 1938, the year before the law took effect, through 1945, infant deaths due to syphilis in California decreased from 51 to 28. With the increase in the number of births, the corresponding infant mortality rate for syphilis (per 1,000 live births) decreased from 0.50 in 1938 to 0.15 in 1945.

When children under one year of age are considered, it is found that 163 congenital syphilis cases were reported to the State Department in 1938, while the figure for 1945 was 100. The lowest number of cases was reported in 1942 and 1943 (74 each year). The case rate in this group dropped from 1.60 in 1938 to 0.54 in 1945.

The percentage of mothers failing to take tests is an important factor in consideration of the law. Data from birth certificates in 1944 revealed that 1.7 percent of mothers of babies born alive had no serologic test; 0.7 percent had the test after delivery, and 15.8 percent had the test after the sixth month of pregnancy. In the period under study, September, 1939 through December, 1945, the Division of Laboratories, State Department of Public Health, reported 1,001,372 prenatal blood tests performed in public and private laboratories. Of this total number of tests, 17,581 (1.8 percent) were positive or doubtful.

For an elaboration of these and other data relating to the subject, readers are referred to the original article.

Mosquito Control Meeting

The California Mosquito Control Association will hold its 16th annual conference February 12, 13 and 14, 1948, at Agriculture Hall, University of California, Berkeley.

Scientific papers on mosquito control and symposia on new methods in the field will be presented.

* A. Frank Brewer, M.D., and Florence Olson "Evaluation of California's Law Requiring a Prenatal Test for Syphilis." *American Journal of Syphilis, Gonorrhea and Venereal Disease*, 31:633-39 (November, 1947).

Occupational Hazard in New Potato Sprouting Process

One agricultural worker died and five others received hospital care in Bakersfield recently as a result of overexposure to ethylene-chlorhydrin, a chemical used in a process which causes potatoes to sprout rapidly.

Information on the toxic limit of this substance has not yet been established, although the Bureau of Adult Health, in cooperation with other agencies, is attempting to determine the concentrations to which operators may be exposed without injury.

Although the use of this chemical in the potato sprouting process is still in the experimental stage, there is reason to believe that it will come into greater prominence in years to come. The procedure which was in use when the fatal case in Bakersfield occurred consisted of saturating empty potato sacks in the chemical, wringing them out, and draping them over bags of potatoes. All of the sacks were then left in a room which was closed and locked and not reopened until the vegetables absorbed the prescribed amount of chemical. The greatest occupational danger in this process occurred on reentrance to the room after this period.

New methods for saturating the potatoes which would eliminate the danger of human exposure to the toxic chemical are being developed. Attempts are also being made to discover the amount of ventilation necessary after dosage before it will be safe for workers to enter the chamber and remove the treated potatoes. Present experiments indicate that three to four days of continuous ventilation will be necessary before a margin of safety is achieved.

Of further interest is the fact that one food machinery company is planning the building of equipment for treating seed potatoes with the chemical at the same time they are washed and sorted. The Bureau of Adult Health is actively engaged in studying the problem so the equipment will be designed to protect workers from this hazard.

Anna Fillmore Named N. O. P. H. N. Director

Anna Fillmore of New York has been appointed General Director of the National Organization for Public Health Nursing to succeed Ruth Houlton.

Miss Fillmore has been with the Visiting Nurse Service of New York since 1940. Previous to that year she was director of the Bureau of Public Health Nursing in the Utah State Health Department and assistant director of the American Nurse Association of New York.

Four More Films Available From Department Library

Four 16 mm. films have been added to the film library of the Bureau of Health Education, Department of Public Health.

ENVIRONMENTAL SANITATION. Color. Time, 10 minutes.

This is one of the *Health for the America's* series of films made by Walt Disney Productions for the Office of Inter-American Affairs. Deals with water supply protection, sewage and garbage disposal, and safeguarding food and milk supplies in cities. Good for classroom use in grammar and high schools.

HASHSLINGIN' TO FOOD HANDLING. Color. Time, 24 minutes.

An excellent film for food handlers' courses made for the Texas Department of Public Health. Contrasts bad with good food-handling techniques in a direct and interesting manner.

PASTEUR'S LEGACY. Time, 24 minutes.

Produced in France with the cooperation of L'Institut Pasteur, translated in collaboration with the Society of American Bacteriologists, and approved by the American College of Surgeons.

Louis Pasteur's epochal experiments are recreated for us and their development in modern science is shown by a short exposition of the Pasteur Institute from the time of his death. The photography is good and the photomicrography excellent. An excellent film for high school and college students.

PLAY IS OUR BUSINESS. Time, 20 minutes.

An unusual film about children produced for the Play Schools Association of New York. Typical American city children, 5 to 12 years of age, are shown in supervised play activities after school in winter and all day in summer, learning to be good citizens. An excellent film for community groups, parents, teachers, nurses.

Index to Volume IV Available

The Index to Volume IV (July 1946-June 1947) of *California's Health* will soon be available for distribution. Individuals or agencies wishing copies are asked to place their order now by writing to the Bureau of Health Education, State Department of Public Health, 760 Market Street, San Francisco.

A limited number of the Index to Volume III are also available. These will be distributed as long as the supply lasts to those requesting them.

California Morbidity Report

November, 1947

Civilian Cases

Reportable diseases	Week ending				Total cases	5-yr. median
	11/3	11/15	11/23	11/29	Nov.	Nov., 1942-1946
Amebiasis (amoebic dysentery)...	6	3	4	3	16	1
Anthrax.....	1				1	
Botulism.....						
Chancroid.....	8	13	9	6	36	
Chickenpox (varicella).....	295	353	437	378	1,463	1,931
Cholera, Asiatic.....						
Coccidial granuloma.....	3	1	1		5	
Conjunctivitis—acute infectious of the newborn (ophthalmia neonatorum).....	1				1	
Dengue.....						
Diarrhea of the newborn.....						
Diphtheria.....	11	9	17	12	49	149
Dysentery, bacillary.....	15	4	13	7	39	
Eosinophilic, infectious.....						
Epilepsy.....	47	89	40	32	188	
Food poisoning.....	3	108	10	9	130	
German measles (rubella).....	35	51	42	34	162	
Glanders.....						
Gonococcus infection.....	531	695	465	503	2,194	2,089
Granuloma inguinale.....		1	1	1	3	
Influenza, epidemic.....			6	6	12	75
Jaundice, infectious.....	2	1	1		4	
Leprosy.....						
Lymphogranuloma venereum (lymphopathia venereum, lymphogranuloma inguinale).....	2	6	3	2	13	
Malaria.....						
Measles (rubeola).....	106	128	137	135	504	373
Meningitis, meningococci.....	1	6	6	2	15	35
Mumps (parotitis).....	195	219	222	249	885	1,330
Paratyphoid fever, A, B and C.....	3	1	2		6	
Plague.....						
Pneumonia, infectious.....	23	23	24	12	82	222
Poliomyelitis, acute anterior.....	14	18	26	12	70	111
Psittacosis.....						
Rabies, human.....						
Rabies, animal.....	1	5	3	6	15	28
Relapsing fever.....						
Rheumatic fever.....	22	14	24	5	65	
Rocky Mountain spotted fever.....						
Scarlet fever.....	74	87	81	93	335	758
Septic sore throat.....	8	8	15	6	37	6
Smallpox (variola).....						
Syphilis.....	307	451	292	418	1,508	1,997
Tetanus.....						
Trachoma.....			2		2	
Trichinosis.....		2		2	4	
Tuberculosis, pulmonary.....	129	132	187	128	576	625
Tuberculosis, other forms.....	7	8	3	4	22	34
Tularemia.....			1		1	
Typhoid fever.....	2	4	4	3	13	12
Typhus fever.....			4	1	5	
Undulant fever (brucellosis).....				3	10	19
Whooping cough (pertussis).....	67	94	125	76	362	442
Yellow fever.....						
					8,850	

Only eight times in the history of poliomyelitis this country has the total number of cases reported gone above the 10,000 mark for any one year.

Over 25 percent of the female patients in tuberculosis sanatoria are married reports the Massachusetts Tuberculosis League.

